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600	☐ Wednesday	☐ Core Body Focus
ity State Zip	☐ 6:00 A. M.	☐ Total Body Focus
elenhone - Evening Telenhone - Day	☐ 11:00 A. M	☐ Arm Injuries
	☐ 3:00 P. M.	☐ Leg Injury
-Mail	□ 6:00 P. M.	☐ Back Injuries

Figure 1

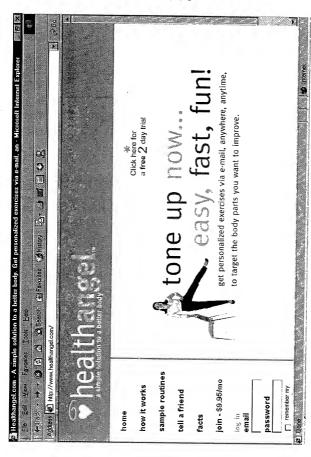


Figure 2

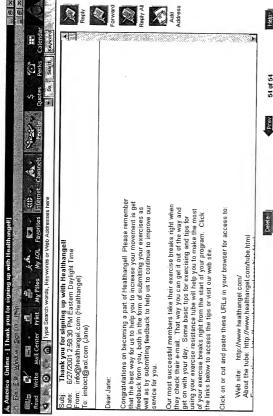


Figure 3a

54 of 54

Prev

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Figure 3b

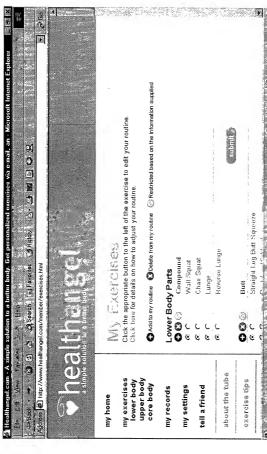
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Figure ²

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中央 記 元・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	thansel.	Back Fly [Lone: Upper]	Assignment: Do 1 set of 18 repetitions	Record Your Results	Enter the total number of repetitions (ie. 10) that you completed for each set assigned and submit.	You may send a message to your fitness representative here	, тен ден ден ден ден ден ден ден ден ден д	Restrictions: You should not do this exercise it you have an upper back injury unless directed by a physician
	Paul 🍨	September 2 agg			1			

Figure 5

Figure 6



DOBOTHOUS DESTROY

Figure 7

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exercise tips	06/22/01	Lower	Calves	Toes Together Calf Raise				-
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-	06/22/01	Lower	Quads	Seated Lea Extension			-	

Figure 8

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Figure 9

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		Preferred Name	If you would like us to call you by	something other than your first name, please enter it here.	Choose a password	******	Please confirm your password	*****		Shirife Shirife and Shiring and share and the shiring state of the shiri		to the common of the common control of the co
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Figure 10a

Send me 6 HTML formatted e-mail, O text formatted

OS 60 (home/hotel) to the least flexible environment (public office area). Please indicate your comfort level where you will We have divided our exercises into four categories of environment. They range from the most flexible environment body. Get personalized exercises via e-mail, an - Microsoft Internet Explo entaing the "my settings" section of the web site. We discourage you from changing environments frequently, since that will change the collection of exercises that we send you and thereby affect your progression in those perform your exercise breaks by selecting one of the environments below. We will send you exercises that we Regardless of what you select now, you will have the opportunity to change your environment by logging in and O Public Office have determined are most appropriate for the environment that you have chosen. C Semi-Private Office Where will you open and perform your Healthangel breaks? C Private Office Address (4) https://www.healthangel.com/signup/signup2.html Membership Signup Edit View Favorites Tools Help C Home/Hotel * * BACK exercises

COSSTRUCTOR COSTYCE

Figure 10b



Membership Signup

On what days and at what times would you like us to e-mail you?

Check the box by each day you want to receive an e-mail and select up to four times you want to receive them. We suggest starting with two times a day, and adjusting up or down from there.



Let's synchronize our watches so that you get your breaks on time.

Right now it is Wed at 02:45 PM 😿

Would you like us to send you reminders?

Figure 10c

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Wentership Son

Choose a program to get a workout that targets the body parts that you want to

- G Great Legs and Butt Exercises for Legs and Butt only
 - Great Arms Exercises for Arms only
- Great Abs and Waist Exercises for abs, waist and lower back only
- Total Body Exercises for all body parts
 Lower Body Focus Total body workout with more lower body exercises
- Upper Body Focus Total body workout with more upper body exercises
 Core Focus Total body workout with more abdominal and lower back exercises.

more. Just log in to the member site and click on the "my exercises" section to add or remove exercises When your signup is complete, you can add or delete exercises from your routine to personalize it even from your routine. In order to assist us in placing you at the appropriate starting point, please indicate which sentence below best describes you.

As you work through your program, we will adjust it to be more difficult as you get stronger, however, it is

Fitness Level 1: You have had little or no experience with fitness, or you haven't done anything in the last several months, or you have had physical limitations that require you to start out slowly. harder to make your program easier, so please choose your starting level accordingly

Figure 10d



FOR FACT BEIGHOUSE

Please check any area of your body with exercise restrictions or limitations.

pay close attention to how your body feels while you are performing any of the exercises that we assign you Selecting a body part will delete certain exercises from your program that could cause further injury. Please be aware that deleting these exercises will not remove all of your risk of injury, it is still important for you to and discontinue exercise if you have any pain or dizziness. When you have recovered from your injury, you can adjust this setting to have the corresponding exercises added back into your program.

- ☐ Neck e.g. whiplash or strained musculature
- 1 Shoulder e.g. rotator cuff tear, dislocation, subluxation
- Fibow e.g. tennis elbow
- ☐ Wrist e.g. carpal tunnel ☐ Hand - e.g. tendonitis
- [7] Upper Back Cervical or Thoracic Vertebrae, e.g. hemiated disk or pinched nerve
 - Ti Lower Back Lumbar Vertebrae or Sacrum, e.g. herniated disk
 - ☐ Knee e.g. ligament or recent ACL, LCL, MCL, or PCL injury ☐ Hip - e.g. hip replacement, osteoarthritis, or tendonitis
 - ☐ Ankle e.g. tendonitis or ligament injury

Figure 10e



Membership Signup

Billing Information

There is a one-time activation fee of \$14.95 and the program is \$9.95 per month. \$24.90 will be billed to your credit cand at this time, \$9.95 will be billed to your credit cand monthly thereafter. You may cancel at anytime. The activation fee is non-refundable and cancellation is not refroatche.

Expiration mo / /	-6
Card Number	VISA (Fasterian
Card Type	

28

The name and billing information provided below must be identical to the billing information on the credit card you provided above.

Company	Address		A
Name on the Card	Jaydime Phone	Evening Phone	

Figure 10f

Membership Signup - Hit SUBMIT to Join!

Review Your New Account Request Jane Doe Name

Injuries None

> Preferred Name E-mail Jane

imboct@aol.com (Text)

Billing Information Semi-Private Office

Environment

Additional Equipment None Schedule

VISA xxxxxxxxxxx2795 06/01

Weston, CT 06883 203-222-7500 (day)

75 Norfield Road

Sally Imbo

Shipping Information

Same As Above

Mon: 9:00, 13:00; Tue: 9:00, 13:00; Wed: 9:00, 13:00; Thu: 9:00, 13:00; Fri: 9:00, 13:00 Send Reminders?

Total Body

Focus

\$24.90

Charge Amount

Figure 10g

receive the assignment, or have any questions about completing your break, please e-mail us at info@healthangel com. Technical support is also available by phone from LOOK FOR YOUR FIRST HEALTHANGEL BREAK. Your first Healthangel Break will SUBMIT YOUR EXERCISES. Because the program progresses at your pace, your arrive at the next scheduled time you indicated on your sign-up sheet. If you don't xxxxxxxxx2795 assignment, indicate the number of repetitions that you completed and press the SUBMIT button. Your workout results will be logged and used to determine your Card# input is incredibly important to its success. When you complete an e-mail Thank you for joining Healthangell Please print this receipt for your records. Amount \$24.90 3-5 EST at 1-877-MY ANGEL (1-877-692-6435). 06/27/2001 02:06 PM E C R の日の 明・3日 Order# 299 6 (a) · · · · · · about the tube my exercises exercise tips my records my settings tell a friend my home € 6 6 7 8 7 8 7 8 8 7 8 8 9 8 8 9 9 1 <p

you – for use with some of your assignments. The tube's color conesponds to your current fitness level. The tube itself provides added resistance to increase the efficiency of your workouts, keep it where you access your e-mail.

Figure 10h

AWAIT YOUR GIFT. The information you've provided thus far has allowed us to set your starting points. Within two weeks you'll receive your exercise tube -- our gift to

future assignments.